



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E429315**

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INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	<b>15-001352</b>	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	<b>02</b>	OBJECT STRUCK

TRIBAL RESERVATION		
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)
<b>06 - 01 - 2015</b>	<b>1457</b>	COUNTY # <b>31</b>
		MILES
		CITY # <b>0664</b>

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
<b>N DAVIES RD</b>	BLOCK NO. <input checked="" type="checkbox"/>	<b>9300</b>
	MILE POST	
DISTANCE	OF (REFERENCE OR CROSS STREET)	
<b>50 00</b>	MILES FEET	<b>VERNON RD</b>

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE <b>D: 4253785080</b>
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LAST NAME	<b>HOOD</b>	FIRST NAME	<b>MICHAEL</b>	MIDDLE INITIAL	<b>D</b>
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STREET NEW ADDRESS	<b>10215 LUNDEEN PKWY APT D</b>
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CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>982580000</b>
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	<b>HOOD*MD103M0</b>	STATE	<b>WA</b>	SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>07 - 20 - 1990</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG <b>2</b>	RESTR. <b>4</b>	EJECT <b>1</b>	HELMET USE	INJURY CLASS <b>1</b>	NATURE OF INJURIES
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LICENSE PLATE #	<b>APR3315</b>	STATE	<b>WA</b>	VIN#	<b>1J4GZ58Y5SC679657</b>
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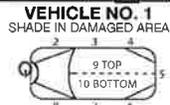
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	<b>1995</b>	MAKE	<b>JEEP</b>	MODEL	<b>JPCH</b>	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **JOHN HOOD 2507 116TH AVE NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # <b>ALLSTATE 917722790</b>
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE <b>D: 4252804348</b>
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LAST NAME	<b>BARNES</b>	FIRST NAME	<b>SCOTT</b>	MIDDLE INITIAL	<b>R</b>
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STREET NEW ADDRESS	<b>2405 121ST DR NE</b>
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CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>982589598</b>
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CDL	RESTRICTIONS <b>B</b>	ENDORSEMENTS
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DRIVER'S LICENSE #	<b>BARNESR275QA</b>	STATE	<b>WA</b>	SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>11 - 01 - 1973</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG <b>2</b>	RESTR. <b>4</b>	EJECT <b>1</b>	HELMET USE	INJURY CLASS <b>7</b>	NATURE OF INJURIES <b>NECK PAIN</b>
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LICENSE PLATE #	<b>AHC4215</b>	STATE	<b>WA</b>	VIN#	<b>JHMEG8556PS010758</b>
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	<b>1993</b>	MAKE	<b>HOND</b>	MODEL	<b>CIV4D</b>	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **SCOTT BARNES 7516 83RD PL NE MARYSVILLE WA 98270**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # <b>STATE FARM 3521028C08471</b>
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	<b>J. KILROY #0132</b>	BADGE OR ID #	<b>#0132</b>	AGENCY	<b>WA0311900</b>
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E429315**

CASE # **15-001352**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>BARNES REBECCA B</b>																
ADDRESS & PHONE #		<b>2405 121ST DR NE LAKE STEVENS WA 982589598 4252804348</b>						SEX	<b>F</b>	D.O.B. MMDDYYYY	<b>02</b>	-	<b>08</b>	-	<b>2003</b>			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #								SEX		D.O.B. MMDDYYYY		-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #								SEX		D.O.B. MMDDYYYY		-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

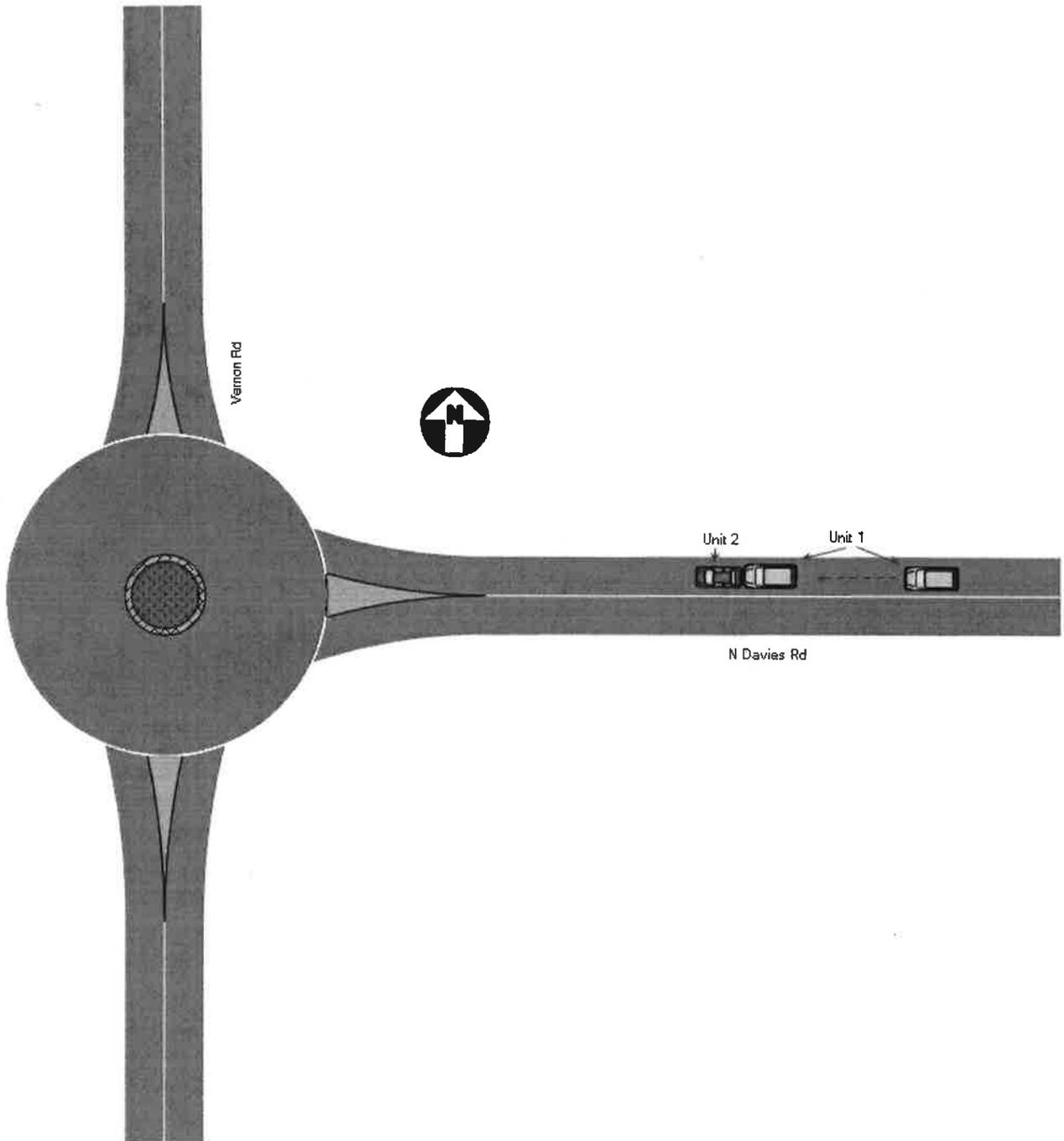
Unit 1 was driving west on N Davies Rd. Unit 2 was in front of Unit 1 driving west on N Davies Rd. Driver of Unit 1 said his foot slipped off the brake and he hit the rear end of Unit 2.

Both Unit's were driven from the scene and the driver of Unit 2 said his neck was sore. Driver of Unit 2 refused medical at this time.

Unit 1 was at fault due to following too close.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

<b>J. KILROY #0132</b>				<b>06-01-15 04:55 PM</b>			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED		PLACE SIGNED	
APPROVED BY				DATE			
<b>RON BROOKS 013</b>				<b>6/2/2015 3:19:36 AM</b>			
BADGE OR ID #	<b>#0132</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>2:58 PM</b>	TIME POLICE ARRIVED	<b>3:00 PM</b>



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 15-001352

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Barnes Scott Ryan	RACE W	ETH	SEX M	DOB 11-1-73	AGE 41	HGT 6'3"	WGT 250	HAIR b	EYES Hazel
STREET ADDRESS 7516 83rd PINE		CITY Marysville			STATE W.A.	ZIP 98270	RES. STATUS			
HOME PHONE		CELL PHONE 425-280-4348			PLACE OF EMPLOYMENT Marvel Marble					
WORK PHONE 425-778-1400		EMAIL ADDRESS highlakescott@gmail.com								

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving on N. Davies road towards the roundabout when I was hit from behind by Michael Mood

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>[Signature]</i>	DATE SIGNED 6-1-15	LOCATION SIGNED
OFFICER/NUMBER: SKILROY / 132	DATE SIGNED 6-1-15	LOCATION SIGNED 425

LSPD ORIGINAL

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 15-001352

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Hoed, Michael D.</u>	RACE <u>M</u>	ETH <u>W</u>	SEX <u>M</u>	DOB <u>07/20/90</u>	AGE <u>24</u>	HGT <u>6'2"</u>	WGT <u>175</u>	HAIR <u>B</u>	EYES <u>B</u>
STREET ADDRESS <u>10215 Lundeen PKwy DZ</u>		CITY <u>Lake Stevens</u>			STATE <u>WA</u>	ZIP <u>98158</u>	RES. STATUS			
HOME PHONE <u>WA</u>		CELL PHONE <u>425-328-5080</u>			PLACE OF EMPLOYMENT <u>Columbia Dist</u>					
WORK PHONE <u>425-328-5080</u>		EMAIL ADDRESS <u>Dane.Hoed</u>								

I, Michael Hoed, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

My foot slipped off the pedal and I rear ended Scott and we pulled to the side of the road and called the police.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED <u>6/1/15</u>	LOCATION SIGNED
OFFICER/NUMBER: <u>KILROY / 132</u>	DATE SIGNED <u>6-1-15</u>	LOCATION SIGNED <u>LKS</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

REVISED 4/2009

Incident History for: #SS15010639 Xref: #AG15001578

Case Numbers: \$SS15001352

Entered 06/01/15 14:57:34 BY SPDF24 SP0152  
Dispatched 06/01/15 14:58:39 BY SPDP17 ROGER  
Enroute 06/01/15 14:58:39  
Onscene 06/01/15 15:00:53  
Closed 06/01/15 15:21:19

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST

Src: T

Loc: 701 FRONTAGE RD ,LKS -- FRONTIER VILLAGE ,LKS btwn 4 ST NE & N DAVIES RD (V)

Loc Info:

Name: INVOLVED/MICHAEL HOOD Addr: Phone: 4253285080

/1457 (SP0152) ENTRY , 2 VEHS, INJ'S, NON BLKING-ONE PT CO HEAD PX CABN  
/1457 CROSS #AG15001578  
/1458 (ROGER ) AGCADV , 19S13  
/1458 DISPER 19S13 #SS95 MINER, SGT (ROBERT)  
/1458 ASSTER 19D3 #SS132 KILROY, OFFICER (JOSH)  
/1458 (SP0152) SUPP NAM: INVOLVED/MICHAEL HOOD,  
PHO: 4253285080,  
TXT: RED HONDA VS GRY JEEP CHEROKEE -PULLED INTO  
PKLOT NEAR FRONTIER VILLAGE VET CLINIC  
/1500 (ROGER ) ASSTER 19D2 [701 FRONTAGE RD , LKS]  
#SS131 WELLS, OFCR (CHAD)  
/1500 ONSCNE 19D3  
/1503 ONSCNE 19S13  
/1505 (\*\*\*\*\*) REMINQ 19S13 APR3315  
/1505 (ROGER ) REMINQ 19S13 LIC, 19S13, APR3315, , ,  
/1507 (\*\*\*\*\*) REMINQ 19S13 AHC4215  
/1507 (ROGER ) REMINQ 19S13 LIC, 19S13, AHC4215, , ,  
/1512 ASNCAS 19D3 \$SS15001352  
/1514 CLEAR 19S13 , NO INJURIES - 19D3 WILL HANDLE  
/1521 CLEAR 19D3 D/H  
/1521 CLEAR 19D2 D/H  
/1521 CLOSE 19D2